

STATE OF MAINE

BOARD OF

EXAMINERS IN PHYSICAL THERAPY

APPLICATION FOR LICENSURE

- PHYSICAL THERAPIST
- PHYSICAL THERAPIST ASSISTANT
- LICENSED IN ANOTHER STATE
- FOREIGN EDUCATED
- EXAMINATION



Department of Professional and Financial Regulation
Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035
Office Telephone: 207-624-8579
HEARING IMPAIRED 888-577-6690 FAX 207-624-8637
Office located at: 122 Northern Avenue, Gardiner, Maine
E-mail: Cathleen.a.bitz@maine.gov

APPLICATION INSTRUCTIONS

*The Board of Examiners in Physical Therapy requires that all supporting documents and fees be submitted with the filing of your application with the exception of the exam scores. The exam scores must be sent directly from the Testing Company. **Incomplete applications will be returned and will not be accepted if supporting documents and/or fees are omitted.** Documents that have been modified or altered in any way will not be accepted.*

Listed below are the requirements for licensure as a physical therapist assistant or physical therapist in Maine. This is provided for informational purposes only. For details you must refer to the enclosed Laws and Rules. **Payment of fees may be made in the form of a check or money order payable to Treasurer State of Maine, VISA or MasterCard – (see credit card authorization form)**

FOR APPLICANTS CURRENTLY HOLDING A LICENSE FROM ANOTHER STATE

- ☐ Completed application form
- ☐ Application fee: \$75.00
- ☐ License fee: \$85.00
- ☐ Criminal background check fee \$15.00
- ☐ Completed reference form
- ☐ Official transcripts in a sealed envelope
- ☐ Verification of licensure from each state where the applicant holds or has ever held a license
- ☐ Documentation of any name change
- ☐ Please go the web site www.fsbpt.org for a copy of the Physical Therapist Code of Ethics or Standards of Ethical Conduct for the Physical Therapist Assistants
- ☐ **Exam scores must be sent directly to the Board from the Testing Company, you can reach the Federation of State Boards of Physical Therapy at (703) 739-9420 or at www.fsbpt.org.**

FOR APPLICANTS APPLYING FOR EXAMINATION

- ☐ Completed application form
- ☐ Application fee: \$75.00
- ☐ License fee: \$85.00
- ☐ Criminal background check fee \$15.00
- ☐ Examination fee \$25.00
- ☐ FSBPT scannable examination sheet, complete the scannable examination sheet and return with your complete application. Once you are approved to sit for the examination the scannable examination sheet will be returned to you with our authorization to be forwarded directly to FSBPT.
- ☐ Completed reference form
- ☐ Official transcripts in a sealed envelope
- ☐ Documentation of any name change
- ☐ Completed supervisor's affidavit form (For graduates who want to practice and are waiting exam results) Refer to the Board's Law, §3113-B
- ☐ Please go the web site www.fsbpt.org for a copy of the Physical Therapist Code of Ethics or Standards of Ethical Conduct for the Physical Therapist Assistants
- ☐ Please contact this office for Information about the procedure for computerized testing.

FOR FOREIGN EDUCATED APPLICANTS

A foreign educated applicant seeking licensure in Maine is required to pass an examination approved by the Board.

- ☐ Completed application form with English translations where applicable.
- ☐ Application fee: \$75.00
- ☐ License fee: \$85.00
- ☐ Criminal background fee check \$15.00
- ☐ Examination fee \$25.00
- ☐ FSBPT scannable examination sheet, complete the scannable examination sheet and return with your complete application. Once you are approved to sit for the examination the scannable examination sheet will be returned to you with our authorization to be forwarded directly to FSBPT.
- ☐ Completed reference form
- ☐ Official transcripts in sealed envelope
- ☐ Documentation of any name change
- ☐ Submit written proof that the school of physical therapy education is recognized by the ministry of education in the country where the school is located
- ☐ Submit his or her credentials to an approved agency for evaluation of their equivalence to the United States trained applicant
- ☐ The applicant must demonstrate proficiency in written and spoken English:
 1. The Board will accept written verification that the courses were taught in English to satisfy the requirement of proficiency in written and spoken English
 2. If the course work was not taught in English, the applicant must attain a passing score that is recommended by the Federation of State Boards of Physical Therapy on the Test of English as a Foreign Language (TOELF), on the Test of Spoken English for Professionals (TSE-P), and the Test of Written English (TWE).
- ☐ Please Go to the Web Site www.fsbpt.org for A Copy of the Physical Therapist Code of Ethics or Standards of Ethical Conduct for the Physical Therapist Assistants
- ☐ Please contact this office for Information about the procedure for computerized testing.

Foreign educated applicants licensed in another state must complete all the above requirements, plus the following:

- ☐ Verification of licensure from each state where the applicant holds or has ever held a license
- ☐ Please go the web site www.fsbpt.org for a copy of the Physical Therapist Code of Ethics or Standards of Ethical Conduct for the Physical Therapist Assistants
- ☐ **Exam scores must be sent directly to the Board from the Testing Company, you can reach the Federation of State Boards of Physical Therapy at (703) 739-9420 or at www.fsbpt.org.**

SPECIAL NOTICE: Please contact the office for current requirements. The Board cannot accept any faxed documents, please send originals.

YOU CANNOT PRACTICE IN MAINE UNTIL YOU RECEIVE YOUR LICENSE. YOUR LICENSE WILL BE MAILED TO THE ADDRESS INDICATED ON THE APPLICATION FORM

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for each application filed with this office.

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identification to charge a fee to government organizations for services provided. As of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety, which shall be \$15.00 as of May 1, 2003.



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04333-0035

JOHN ELIAS BALDACCI
GOVERNOR

Telephone: 207-624-8579 Fax: 624-8637
TTY/Hearing Impaired: 888-577-6690

Office use only
Cash #
4390 1446 \$75.00
4390 1447 \$25.00
4390(\$285 to FSBPT)
4390 1421 \$85
4390 1422 \$85
4390 1447 \$25.00
4390 2619 \$15.00
ANNE L. HEAD
DIRECTOR

APPLICATION

- CHECK APPROPRIATE BOX (S):
- | | |
|---|--|
| <input type="checkbox"/> PHYSICAL THERAPIST | <input type="checkbox"/> EXAMINATION |
| <input type="checkbox"/> PHYSICAL THERAPIST ASSISTANT | <input type="checkbox"/> LICENSED IN ANOTHER STATE |
| | <input type="checkbox"/> FOREIGN EDUCATED |

Notice regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

Notice regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website.

PERSONAL INFORMATION:

Name:		
Any other Names Used:		
Contact Address:		
City:	State:	Zip Code:
County:	Telephone #:	
Business Address:		
City:	State:	Zip Code:
County:	Telephone:	
Social Security #:	Date of Birth:	

NAME AND LOCATION OF SCHOOL	DATE GRADUATED	MAJOR	DEGREE AWARDED
HIGH SCHOOL _____ NAME: _____ ADDRESS: _____ CITY AND STATE: _____ TO/FROM: _____			
COLLEGE NAME: _____ ADDRESS: _____ CITY AND STATE: _____ TO/FROM: _____			
PROFESSIONAL SCHOOL NAME: _____ ADDRESS: _____ CITY AND STATE: _____ TO/FROM: _____			
POST GRADUATE NAME: _____ ADDRESS: _____ CITY AND STATE: _____ TO/FROM: _____ DATE OF MATRICULATION: _____			

1. Have you ever been licensed or registered in any state or territory? (including Maine) ☐ Yes ☐ No

If yes, please list each state that you hold or have held licensure in.

State: _____ Registration #: _____ Date Issued: _____ Expiration date: _____

State: _____ Registration #: _____ Date Issued: _____ Expiration date: _____

State: _____ Registration #: _____ Date Issued: _____ Expiration date: _____

(Use blank piece of paper for additional States)

2. Applicants who answer YES to # 1 need to provide the following information:

In which State were you licensed by examination _____

Date(s) of examination _____

3. Has any state board denied your application for examination or license governing the practice of physical therapy? ☐ Yes ☐ No

If yes, please explain? _____

4. Have you failed an examination before any state board? ☐ Yes ☐ No

If yes, name the board and give date of examination _____

5. Have you ever been convicted of a crime, other than a minor traffic violation? ☐ Yes ☐ No
If yes, please submit a copy of the court judgment and decision and a detailed explanation of the crime convicted.

6. Has your license ever been suspended or revoked by any state? ☐ Yes ☐ No
If yes, please submit a copy of the court judgment and decision and a detailed explanation of the crime convicted.

7. Have you ever been convicted of violating any federal, state or local statute? ☐ Yes ☐ No
If yes, please explain.

The undersigned, in making this application, affirms that he/she is the applicant named herein and that all information provided in connection with this application is true to the best of his/her knowledge and belief, with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to suspend or revoke a license issued by the Board. The undersigned applicant further authorizes all law enforcement agencies and officials thereof to release to the Maine Board of Examiners in Physical Therapy any and all criminal history record information pertaining to said applicant.

Signature: _____	Date: _____
Printed Name: _____	



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GOVERNOR

ANNE L. HEAD
DIRECTOR

REFERENCE FORM

Name of applicant: _____

Contact Address _____ Phone Number () _____

In what professional capacity do you know the applicant? _____

How long have you known the applicant? _____

Are you related to the applicant? If so, how? _____

Please give a brief statement of your knowledge of the applicant's ethical practice of Physical Therapy:

Signed: _____ Date: _____

Printed name and title of reference: _____

Contact Address: _____

Telephone number during working hours: (_____) _____

Please complete form and return directly to applicant.



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SUPERVISORS AFFIDAVIT

I, _____, assume responsibility and liability for
(Supervisor's printed name)

_____, graduate ☐ physical therapist
(Employee's printed name) ☐ physical therapist assistant

who is awaiting results of the computerized physical therapist/physical therapist assistant examination. I will immediately notify the Board of Examiners in Physical Therapy of any change in supervision of this employee prior to publication of the examination results.

Supervisor's license number Supervisor's signature

Place of Employment

Address

Telephone number

Date

PLEASE RETURN COMPLETED FORM TO THE APPLICANT



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Verification of Licensure

I am applying for licensure to practice as a Physical Therapist/Assistant in the State of Maine. The Maine Board of Examiners in Physical Therapy requests verification of licensure from each state wherein I hold or have held licensure. This is your authority to release any information in your files, favorable or otherwise, and record it below. **Please send the verification back to me so that I may forward it to Maine along with my application.**

THIS SECTION IS TO BE COMPLETED BY APPLICANT AND FORWARDED TO BOARDS IN WHICH YOU ARE OR WERE LICENSED OR REGISTERED.

NAME: _____
FIRST MIDDLE INITIAL LAST

CONTACT ADDRESS: _____

LICENSE # : _____ STATE: _____ DATE OF ISSUE: _____

SIGNATURE: _____ DATE: _____

THIS SECTION IS TO BE COMPLETED BY THE STATE LICENSING BOARD WHERE APPLICANT HOLDS OR HAS HELD LICENSURE AND FORWARDED BACK TO APPLICANT.

TYPE OF LICENSE HELD BY APPLICANT: _____

LICENSE # : _____ ISSUE DATE: _____ EXPIRATION DATE: _____

Is applicant currently licensed? ☐ YES ☐ NO

If not currently licensed, when did license expire? _____

Is applicant considered a physical therapist assistant or physical therapist in good standing in your state?

☐ YES ☐ NO if answer is "no" please explain: _____

Has there ever been any complaints filed against this applicant? Yes ☐ No ☐ If yes, please explain?

SIGNED: _____

Board Seal

PRINTED NAME: _____

TITLE: _____ DATE: _____ STATE: _____

PHONE NUMBER: _____



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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Contact Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:		Telephone #:
Name of cardholder: (if other than applicant)		
Contact Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

☐ Visa ☐ MasterCard Card number _____

Expiration date: ____/____/____ in the amount of: \$ _____

Signature: _____ Date: ____/____/____.



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ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission

Name: _____
ContactAddress: _____
Telephone #: _____

Accommodations Requested for the _____ Examination.
Disability _____

Please check all that apply

- ☐ **Accessible Testing Site**
- ☐ **Separate Testing Site**
- ☐ **Braille**
- ☐ **Large Print**
- ☐ **Tape**
- ☐ **Reader as Accommodation for Visual Impairment**
- ☐ **Scribe/Amanuensis as Accommodation for Visual or Motor Impairment**
- ☐ **Reader as Accommodation for Learning Disability**
- ☐ **Scribe/Amanuensis as Accommodation for Learning**
- ☐ **Sign Language Interpreter**
- ☐ **Extended Time**
 - ☐ **Time-and-a-half**
 - ☐ **Double time**
 - ☐ **More than double time (specify) _____**
- ☐ **Use of Computer or Other Adaptive Equipment (specify)**

- ☐ **Other:**

Signed and dated:

DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

If you have existing documentation of having the same or similar accommodation provided to you in another test situation, you may submit such documentation instead of having this portion of the form completed.

I have known _____ since _____ in my capacity as a _____

(Test applicant)

(date)

(Professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, providing the following should accommodate him/her: (check all types)

- ☐ **Taped test**
- ☐ **Large print test**
- ☐ **Reader**
- ☐ **Scribe/amanuensis**
- ☐ **Extended time**
 - ☐ **Time-and-a-half**
 - ☐ **Double time**
 - ☐ **More that double time (please justify) _____**
- ☐ **Separate Testing Area**
- ☐ **Use of Computer or Other Adaptive Equipment (please specify) _____**
- ☐ **Other (please specify) _____**

Signed: _____ **Title:** _____

Date: _____ **License # (if applicable):** _____